


INTERIOR LINING INSPECTION FORM

	KENTUCKY DEPARTMENT FOR ENVIRONMENTAL PROTECTION	Please mail completed form to: DIVISION OF WASTE MANAGEMENT UNDERGROUND STORAGE TANK BRANCH 200 FAIR OAKS, 2ND FLOOR FRANKFORT, KENTUCKY 40601 502-564-5981 http://waste.ky.gov/ust	FOR STATE USE ONLY		
Site Information		Interior Lining Inspector Information			
Site Contact:		Person Conducting Test:			
Site Name:		Name of Company:			
Address:		Address:			
City, County, Zip Code:		City, State, Zip Code:			
AI #:		Phone Number:			
Owner Information		General Information			
Owner:		Date of Inspection:			
Address:		Code of Practice used: <input type="checkbox"/> NLPA Standard 631 (October 1994) <input type="checkbox"/> API 1631 (Fifth Edition, June 2001) <input type="checkbox"/> Video Camera (3rd Party Approved)			
City, State, Zip Code:		Date Lining Installed:			
Phone Number:		Date Lining Last Inspected:			
Answer each question as specified. If there are more than 4 tanks at this site, photocopy pages and complete for additional tanks.		Tank No.	Tank No.	Tank No.	Tank No.
Tank capacity in gallons?					
Substance stored? G-gasoline, D-diesel, K-kerosene, O-other(specify)					
TANK CLEANING PRIOR TO INSPECTION					
Interior of tank was cleaned as required for the use of ultrasonic thickness gauging equipment?		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Estimate of the volume of sludge removed in gallons? Attach invoice or receipt for removal and disposal.					
VISUAL INSPECTION OF LINING					
Evidence of peeling of internal lining?		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Evidence of blistering of internal lining?		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Evidence of surface wrinkling of internal lining?		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Evidence of roughing of internal lining?		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Imperfections in lining repaired in accordance with lining material manufacturer's specifications? Attach documentation on repairs made.		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
For each tank, provide description, location and extent of any evidence of peeling, blistering, roughing and wrinkling of internal lining:					
Tank No. 					
Tank No. 					
Tank No. 					
Tank No. 					

Site Name: AI Number:

TESTING OF LINING

Test procedure used to determine lining thickness?

Number of lining thickness readings taken?

Lining minimum thickness is 100 mils and nominal thickness is 125 mils?

☐ YES ☐ NO☐ YES ☐ NO☐ YES ☐ NO☐ YES ☐ NO

Inadequate thickness repaired in accordance with lining material manufacturer and tank re-tested with no inadequate thickness detected?

☐ YES ☐ NO
☐ N/A☐ YES ☐ NO
☐ N/A☐ YES ☐ NO
☐ N/A☐ YES ☐ NO
☐ N/A

Test procedure used to determine lining holidays?

Entire surface tested for holidays?

☐ YES ☐ NO☐ YES ☐ NO☐ YES ☐ NO☐ YES ☐ NO

Presence of holidays detected?

☐ YES ☐ NO☐ YES ☐ NO☐ YES ☐ NO☐ YES ☐ NO

Holidays repaired in accordance with lining material manufacturer and tank re-tested with no holidays detected?

☐ YES ☐ NO
☐ N/A☐ YES ☐ NO
☐ N/A☐ YES ☐ NO
☐ N/A☐ YES ☐ NO
☐ N/A

Test procedure used to determine lining hardness?

Number of hardness readings taken?

Minimum lining hardness?

Lining hardness meets manufacturer's specifications?

☐ YES ☐ NO☐ YES ☐ NO☐ YES ☐ NO☐ YES ☐ NO

Inadequate hardness repaired in accordance with lining material manufacturer and tank re-tested with no inadequate hardness detected?

☐ YES ☐ NO
☐ N/A☐ YES ☐ NO
☐ N/A☐ YES ☐ NO
☐ N/A☐ YES ☐ NO
☐ N/A**TANK METAL THICKNESS TEST RESULTS AND TANK REPAIR**

Any holes or perforations found in tank?

☐ YES ☐ NO☐ YES ☐ NO☐ YES ☐ NO☐ YES ☐ NO

Original tank metal thickness?

Average tank metal thickness for entire tank before repair?

Were any thin wall areas repaired and re-lined?

☐ YES ☐ NO☐ YES ☐ NO☐ YES ☐ NO☐ YES ☐ NO

Percentage of original tank metal thickness after repair?

RESULTS OF INTERIOR LINING INSPECTION

- ☐ Tank has perforations and/or holes; **TANK MUST BE PERMANENTLY CLOSED.**
- ☐ After allowable repairs, average metal thickness is less than 75% of original tank metal thickness; **TANK MUST BE PERMANENTLY CLOSED.**
- ☐ After allowable repairs, average tank metal thickness is between 75 and 85 percent of original tank metal thickness; **CATHODIC PROTECTION IS REQUIRED WITHIN ONE YEAR OF THIS INSPECTION.**
- ☐ After allowable repairs, average tank metal thickness is between 85 and 100 percent of original tank metal thickness; **CATHODIC PROTECTION IS NOT REQUIRED, RE-INSPECT LINING WITHIN 5 YEARS.**

NEXT INTERIOR LINING INSPECTION REQUIRED

Month:

Day:

Year:

*Inspections must be performed every five years after the initial 10-year inspection.***CERTIFICATION***I certify under penalty of law that the internal inspection was performed in accordance with appropriate standards and that the information in this and all attached documents is true, accurate and complete.*

Signature of Internal Lining Inspector

Date

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, the information is true, accurate and complete.

Signature of Owner/Operator

Date

If you have questions on how to fill out this form or to request a review of the facility records, please contact the USTB at 502-564-5981 or visit our Web site at <http://waste.ky.gov/ust>.